Youth Advisory Committee
Survey – Sample 2

The [insert community foundation name] Youth Advisory Committee is made up of approximately [insert number of students] area high school students who make recommendations to the Foundation about grants supporting programs to benefit young people in [insert city or region name].

In order to make recommendations that best meet the needs and interests of [insert city or region name] young people, we are asking you to help us by filling out this survey. This survey is a quick way for you to give your input on:
- the important issues facing young people in [insert city or region name]
- the types of programs you think are needed in the community; and
- leisure time activities.

It should take about 5 minutes to complete the entire survey. Thank you for helping us out!

****

School_____

Grade_____

Age_____

Male_____ Female _____

****

Important Issues
1. Please rank from 1 (highest) to 3 (lowest), what you see as the top three most important issues facing you as a young person in [insert city or region name]. Rank as many as you think are important.

___ teen sexuality

___ alcohol & drug abuse

___ smoking   ___ other:_____

___ stress and career/college pressure

___ lack of opportunities/activities outside of school   ___ other:_____

___ transportation

___ lack of youth-related organizations and programs

___ safety

___ negative adult perception of young people

___ discrimination

___ health issues (eating disorders)

___ racial tension

2. If you were the Mayor of [insert city or region name], please rank from 1 (highest) to 3 (lowest), what you see as the top three most important issues facing the community.

___ substance abuse

___ health issues

___ environment

___ racism and discrimination

___ employment/economy

___ education

___ community volunteerism/community participation

___ safety

___ hunger

___ housing/homelessness

___ other:_____

___ other:_____

3. What three words would you use to describe being a teenager in [insert city or region name]?

1.
2.
3.

Needed Programs and Activities for Youth
4. If you were able to make one change to make things better for teens in [insert city or region name], what would it be?

5. The Youth Advisory Committee provides money to support youth programs and activities. If you had the money to provide grants, which youth-related programs or activities would you fund? Please check those of interest (any or all).

___leadership activities

___skill-building workshops/classes (art, music, fitness, leadership)

___tutoring programs   ___transportation services

___counseling services   ___community service opportunities

___after-school recreation   ___other:_____

___job development/employment programs   ___other:_____

___social activities at local community centers ___mentoring programs

Please circle any of the above that you would participate in or attend.

Use of Leisure Time

6. What do you currently do during your free time? Check all that apply.

   ____work   _____sports   ____study

   ____church activities   _____hang out with friends   ____volunteer

   ____family activities   _____music, art   ____recreation

   ____other:_____

7. What do you do for fun on weekends? Check all that apply.

   ____attend sports events   ____attend concerts

   ____go to movies   ____go to parties with friends

   ____read   ____hang out downtown

   ____take classes (what kind?_____)

   ____other:_____

8. What limits you from participating in after school and/or weekend activities?

   ____not enough time   ____family obligations

   ____work obligations   ____don't know what is going on

   ____transportation   ____other:_____

   ____money/things are too expensive (how much do you spend in an average weekend?)

9. How do you find out about what is going on? Check all that apply.

   ____school fliers   ____newspaper   ____web/e-mail

   ____friends   ____parents   ____TV

   ____community organizations: ___other:_____
           which ones?_____

10. What four things would you do on a perfect weekend?
    1._____
    2._____
    3._____
    4._____

11. Are you too busy? ____ Yes ____ No

12. Are you busy enough? ____ Yes ____ No

13. Are you content with your level of participation? ____ Yes   ____ No

14. Additional Comments:

Thank you for your participation.